



# APPLICATION FOR EMPLOYMENT

## City of Oakbrook Terrace

### CITY OF OAKBROOK TERRACE - AN EQUAL OPPORTUNITY EMPLOYER

#### **INSTRUCTIONS:**

This application must be typed or neatly printed, and all signatures must be original. Complete this application fully and accurately as incomplete applications will be discarded. All information is subject to validation. If a question does not apply to you indicate so by writing "DNA." Please use the continuation sheets at the end for additional explanation of answers.

#### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - - Contact #:( )

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City/State/Zip of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you a United States Citizen? YES / NO If YES, are you Native Born or Naturalized: \_\_\_\_\_

If naturalized, please give details: \_\_\_\_\_

List any other names or aliases you have ever used (include maiden name): \_\_\_\_\_

#### **RESIDENCES:**

List all of your addresses within the last ten years. Start with your current address.

From (month/year)	To (month/year)	Address / City / State / Zip

Do you own or are you currently buying a home? **YES** / **NO**

Do you own or are you buying other real estate? **YES** / **NO**

If YES, provide location (Address, City/State/Zip): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

List all employment for the last ten years, including periods of unemployment. Begin with your present or most recent job. Include military service.

<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)
Address	Supervisor Name & Telephone Number:	
City / State / Zip	Reason for Leaving:	
Describe Job Duties:		
<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)
Address	Supervisor Name & Telephone Number:	
City / State / Zip	Reason for Leaving:	
Describe Job Duties:		
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Address	Supervisor Name & Telephone Number:	
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<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)
Address	Supervisor Name & Telephone Number:	
City / State / Zip	Reason for Leaving:	
Describe Job Duties:		
<b>Name of Employer</b>	From (Mo/Yr)	To (Mo/Yr)
Address	Supervisor Name & Telephone Number:	
City / State / Zip	Reason for Leaving:	
Describe Job Duties:		

If you have employers that you do not want contacted, please note reasons why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken a pre-employment exam from any other governmental agency? **YES** / **NO**

If YES, please give details (agency, date, status): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on any employment eligibility lists/tests? **YES** / **NO**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been rejected from an employment eligibility list/test? **YES** / **NO**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed from a position or forced to resign? **YES** / **NO**

If YES, please explain (include employers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you or have you ever been part owner, partner, or corporate member of any business? **YES** / **NO**

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Provide the following information about every school you have attended.

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Number of Years Completed</b>	<b>Diploma / Degree Received?</b>
<b>Elementary School / Middle School</b>				

High School / GED				
Undergraduate College				
Graduate College / Professional				
Other (specify)				

List all foreign languages you are fluent in (read, speak, write): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all professional licenses and certifications you hold: \_\_\_\_\_

**MILITARY:**

Branch of US Military: \_\_\_\_\_ Date inducted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Highest rank: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Explanation of discharge: \_\_\_\_\_

Ever convicted at a court-martial? **YES** / **NO**

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you or have you been a member of the US Reserve Forces or National Guard? **YES** / **NO**

If YES, please provide details (branch, unit, rank, address, dates reserved): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any disciplinary action taken against you in the Reserves or National Guard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

List the names and contact information of five professional references who are not related to you, are not former employers, and have known you for five years or longer who can describe your personality, character, abilities, experience, and other traits.

Reference 1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_ Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Reference 2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_ Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Reference 3

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_ Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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I hereby certify that this application is filled out completely, information given is correct and true, and there are no falsifications or misrepresentations to the best of my knowledge.

I understand that omission or falsification of information by me on this application is sufficient reason for dismissal of this application, and/or dismissal from employment should I be hired.

I authorize the City of Oakbrook Terrace to investigate all information given, to receive additional information about me, and to contact any references given by me. I hereby release from liability the City of Oakbrook Terrace and its representatives for seeking any such information and all other people, businesses, and organizations for providing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Affirmative Action – Voluntary Information

## Completion of information below is voluntary

We consider all applicants without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a voluntary basis and not for interview purposes and is filed separately from the application. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### REFERRAL SOURCE (please circle):

Walk-in  Government Employment Agency  Private Employment Agency   
Employee  Relative  School   
Advertisement (Source): \_\_\_\_\_ Other: \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

### APPLICANT INFORMATION:

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ Male /Female  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

### Please circle one of the following Equal Opportunity Identification Groups:

American Indian/Alaskan Native  Hispanic/Latino (White race only)  Black/African American   
Native Hawaiian/Other Pacific Islander  Hispanic/Latino (all other races)  Asian  White

### FOR ADMINISTRATIVE USE ONLY:

Position Applied for: Available Not Available Other

Other positions considered for: \_\_\_\_\_

Hired? Yes No

Position hired for: \_\_\_\_\_ Date of Hire: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### From the EEO job classifications listed below, which one best describes the position filled (circle one)?

Officials and Managers  Sales Workers  Operatives (semi-skilled)   
Professionals  Office and Clerical Workers  Laborers (unskilled)   
Technicians  Craft Workers (skilled)  Service Workers

Notes:

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_





